

PERSONAL ACCIDENT PLAN CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TAKEN AS ADMISSION OF LIABILITY

(Note: Additional information or Documents may be called for if necessary)

Name of Policy Holder			
Policy Number		Period of Insurance: _____ to : _____	
Name of the Life Assured			
ID/Passport Number:		Tel. No./ GSM	
Nationality.		Occupation	
Age / Date of Birth		Nature of Work	
<u>Nature of Claim</u>			
<input type="checkbox"/>		Death Due to Accident	<input type="checkbox"/>
		Repatiation	
<u>ACCIDENT</u>			
Date of Accident		Place of Event	
Details of Accident :			
<u>GENERAL</u>			
Are you insured against accident with any other Company? If so, give name and amount of benefit.			
Have you previously suffered from trouble or any other injury? If so, give particulars with date and period of incapacity			
Have you previously made any claim under this or other accident policies? If so, give details			
<u>Repatriation claim only</u>			
Copy of airway bill			
Original bill/receipt for embalming charges			
Original bill /receipt pertaining to purchase of coffin box			
Copy of e-ticket of escort(if any)			

I hereby warrant the truth of the above statements

Date:

Signature of Insured